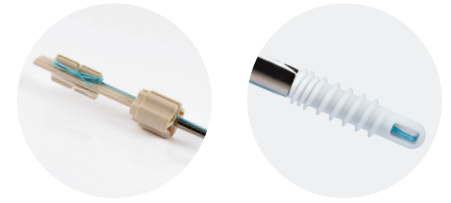




FH ANCHORS
SURGICAL TECHNIQUE
ROTATOR CUFF REPAIR





Introduction

A rotator cuff tear is a common cause of pain and disability among adults.

Surgery is recommended if you have persistent pain or weakness in your shoulder that does not improve with nonsurgical treatment.

A rotator cuff repair involves stitching the torn tendon back onto its attachment to the arm bone (Humerus).

This may be performed either through under arthroscopy technique or open surgery, using sutures and bone anchors.

The advantages of repairing a rotator cuff tear arthroscopically are:

- Less post-operative pain,
- Less time in hospital (usually can be performed as a day-case operation),
- Quicker return to work and sports,
- Usually no stitches to remove,
- Less wound complications.

Description

Product

FH ANCHORS has been specifically developed to offer solid reparation of rotator cuff tears. It's a double thread anchor for a strong fixation in bone.

Anchor

FH ANCHORS is available in two sizes: Ø5.5 and Ø6.5 mm, this anchor is preloaded with two ultra-resistant sutures.

Composition

FH ANCHORS is made of:

- 70% poly(70/30 ;L/DL) lactide (PLA),
- 30% β -tricalcium phosphate (TCP).

The combination of these two materials is done by chemical mixing according to a specific process.

This process allows a homogeneous distribution of the TCP particles inside the PLA matrix avoiding the risk of agglomerates that leads to anchor breakage.

This new material allows for a fast and controlled degradation rate.

FH ANCHORS is stable for 6 months post-operative; this allows a good bone healing. Complete resorption within a maximum of 4 years.

Suture

Two ultra-resistant Polyethylene sutures with two colors (white and blue) to easily distinguish them.

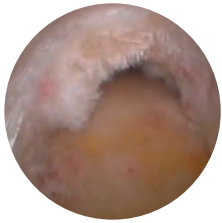
Screwdriver

The screwdriver is composed of a metallic rod with a polypropylene handle. The rod possesses two rails for guiding the sutures separately.

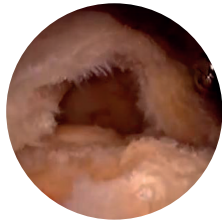
The handle opens up giving access to the sutures. Each suture is wrapped on one side of the handle.

The sutures are thus separated from each other and cannot tangle.

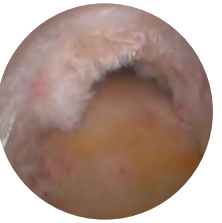
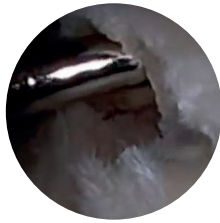
Procedure



Identification of the lesion



Use the combo grasper to test the tendons



After debriding and the spotting of the tears

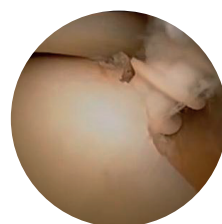
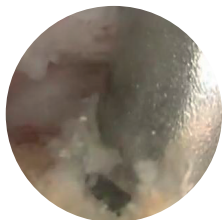
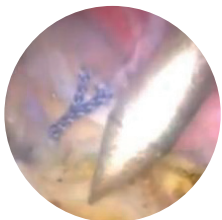
Surgical technique

How to implant the Anchor?

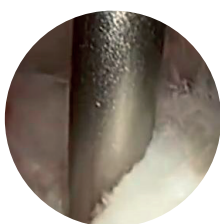
- Hole preparation: (attention required)
- **Essential step to comply:** the specific FH ANCHORS tap is mandatory.

Use the Tap to achieve a hole in the part where the tendon has to be reinserted.

Introduce the Tap till the laser landmark.



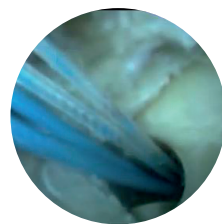
Screw the FH ANCHORS without pushing



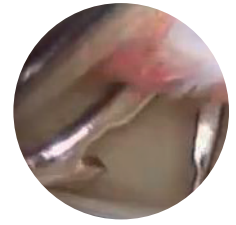
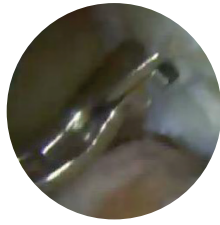
Introduce the anchor completely into bone



Remove the handle cover



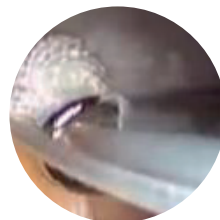
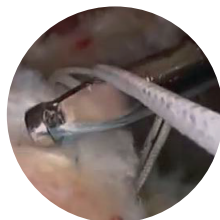
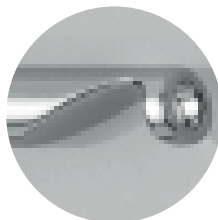
Withdraw the screwdriver



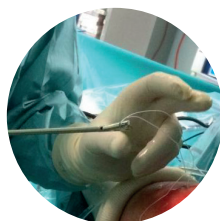
Catch the suture and pass it through the cuff



Pass the suture through torn cuff



Slide the knots with the knot manipulator to fix the cuff to bone



Cut the sutures

Additional Instruction

There are steps required, observe the manufacturer's recommendations.

Prior to performing this technique, consult the instructions for use, including indications, contraindications, warnings, cautions, and instructions.

DESIGNATION	REF.	SUPPLIER REF.
FH BIO ANCHORS Ø5,5mm	269 564	A'LINK'S D5.5
FH BIO ANCHORS Ø6,5mm	269 565	A'LINK'S D6.
TAP for BIO ANCHOR Ø5,5mm	269 566	
TAP for BIO ANCHOR Ø6,5mm	270 044	



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